

# STANDARD CERTIFICATE OF DEATH

FILED AUG 1 1957

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 245

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Jefferson City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>218 Chestnut St</u>		d. STREET ADDRESS <u>218 Chestnut</u>	
Length of stay in lb <u>13 years</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>ORA</u> Middle <u>RUSSELL</u> Last <u>DAVIDSON</u>			4. DATE OF DEATH Month <u>July</u> Day <u>19th</u> Year <u>57</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 22nd 1897</u>	9. AGE (In years last birthday) <u>59</u>	10. IF UNDER 1 YEAR Months <u>8</u> Days <u>27</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self-Emp</u>		11. BIRTHPLACE (City and state or country) <u>Audrain County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13. FATHER'S NAME <u>Ernest Davidson</u>		
14. MOTHER'S MAIDEN NAME <u>Druscilla Smith</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		
16. SOCIAL SECURITY NO. <u>491-07-2114</u>			17. INFORMANT <u>Mrs Ora R Davidson Jefferson City Mo</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Infection of the myocardium</u> DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) <u></u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u> <u>6 years</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4200</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <u></u> a. m. <u></u> p. m. <u></u>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY <u></u> STATE <u></u>	

21. I attended the deceased from <u>Sept, 1951</u> to <u>7/19/57</u> and last saw her alive on <u>7/16/57</u> Death occurred at <u>1:30</u> P. m. on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>John J. Henthorn, MD</u>	22b. ADDRESS <u>302 Bolivar Jefferson City</u>	22c. DATE SIGNED <u>7/20/57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 22nd '57</u>	23c. NAME OF CEMETERY OR CREMATOR <u>Riverview</u>	23d. LOCATION (City, town, or county) (State) <u>Jefferson City Mo.</u>
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24. FUNERAL DIRECTOR <u>Tanner Service Jefferson City, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>23 July 1957</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Norris, MD - MR</u>
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FEB 19 1958  
AUG 19 1957  
JAN 14 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_  
Donald P. Freeman

Licensed Embalmer No. 462

P. O. Address Jefferson City  
Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.